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SUBJECT: CAN TAIWAN ERADICATE ITS TB PROBLEM?

11. (SBU) SUMMARY. Tuberculosis has been recorded in Taiwan since the early 20th century and successive administrations have tried to control this scourge. TB infects about 15,000 persons per year in Taiwan and 1,300 people die from it every year. Treatment is a major challenge, given the rigorous treatment regime with high doses of antibiotics. Three years ago, Taiwan health authorities made a strategic decision to disband its provincial level TB treatment center and let local clinics handle TB treatment. This resulted in TB experts being disbanded and the TB combating effort diluted. Taiwan has the technical expertise to handle TB but is hobbled by a less-than-efficient organization. Taiwan's Centers for Disease Control, (CDC), an adjunct of the Department of Health, is actively seeking ways to eradicate the disease and hopes to reduce TB rates in Taiwan by half by 2015, but its anti-TB effort is driven by administrators with little experience in TB treatment. END SUMMARY

BACKGROUND

12. (SBU) Tuberculosis records have been kept in Taiwan since the early 20th century (during the Japanese occupation), although the disease was probably around for much longer. Because TB bacteria can survive in the air for up to three months, infected people pose a particular threat to others by coughing and spitting. TB is the 12th leading cause of death in Taiwan, and although it has not attracted the attention that SARS has, its persistence and difficulty in treating are drawing concern from health authorities. Postwar data from CDC indicates that the mortality of TB was 294 per 100,000 (compare with current mortality rates of 4.3 per 100,000). The elderly above 65 account for 60 percent of the patients and mortality increases with age. However, lower mortality rates do not imply that the infection rate has dropped drastically, only that drugs have managed to control the disease and make it less lethal. In Taiwan, aborigines are four times more susceptible to becoming infected with TB because they don't have easy access to medical care and the authorities have made efforts to correct that by providing subsidies and medical teams to the mountain areas to provide X-rays.

CONNECTING THE DOTS

13. (SBU) Directly observed treatment Short Course (DOTS) is a TB management system developed by the World Health

Organization (WHO) and widely used for regular TB and drug resistant TB (MDR-TB). The DOTS program, administered by the CDC is locally monitored by more than 400 outreach workers from local health units who daily monitor patients to ensure that the drugs are taken as prescribed. This is inadequate for the large number of TB sufferers who are over 65 years old. DOTS was first implemented in Taiwan starting 2006 and targeting of MDR-TB started in 2007. Taiwan has 427 MDR-TB cases and a total TB population of 150,000. MDR-TB has developed resistance to antibiotics largely because patients that are treated are not taking the drugs on a regular basis allowing the bacteria to develop drug-resistant strains. According to news reports, 10-13 percent of patients are afflicted with MDR-TB posing special challenges to disease prevention experts at CDC. This is a perennial problem with TB treatment, where drug induced discomfort discourages people from staying on the drug treatment regime.

To medical experts, it is crucial that treatment regimes are followed and monitored under a strict program. That used to be the case, according to Dr. Lin Taoping, head of the National Tuberculosis Association (NTA), an NGO which gets funding from CDC. Lin headed the Provincial TB treatment center which combined medical expertise with systematic monitoring and research. When his center was disbanded, apparently to save money (but also for political reasons as provincial organizations were done away), his medical experts went to work at local clinics and did not have the extensive support system that took so long to build up.

MONITORING AND DATA UPDATES-A CAUSE FOR CONCERN

14. (SBU) ESTH officer visited Dr. Cynthia Yang (Chin-hui), who is in charge of the TB/AIDS program at CDC. Yang said

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once a patient is diagnosed with TB, they are put on a monitoring list and local health officials trace the patient's drug intake and progress throughout the treatment period using the DOTS program. A list of actively treated patients is submitted to the immigration bureau to ensure that their whereabouts are monitored. According to Yang, Taiwan's TB infection rate is dropping at the rate of 5 percent a year. In mid-July 2007, a couple who were undergoing TB treatment (one of whom was a MDR-TB case) absconded to mainland China in defiance of a travel ban. PRC authorities eventually traced them to Jiangsu province and arranged for them to fly back. In spite of the patients' names being registered on the CDC watchlist, loose enforcement let them slip unnoticed from Kaoshiung to the mainland. According to information from NTA, CDC discovered later that the person monitoring this couple had checked off the days the couple were supposed to have taken the medicine in Taiwan although they were in the mainland (!). The couple were fined NT\$150,000 (\$4,800). In another case late last year, a passenger was denied boarding even though he was not contagious and had been cleared by the medical personnel at NTA. In that incident, CDC head Steve Kuo personally went to the airport and after verifying the records noticed they had not been updated (the passenger was allowed to board in the end). Lin lamented that with the CDC staffed with administrators with little background in TB treatment, yet are tasked with drastically reducing the incidence of TB.

COMMENT:

15. (SBU) Given the success in Taiwan of eradicating malaria, smallpox and other diseases, hope remains that TB will eventually be wiped out. But the incubation period of the disease, its long term survivability in the environment, its drug resistance and difficulty of monitoring potential carriers all pose tremendous challenges for its management. Lack of expertise, personality-driven management and lack of a systemic approach to combat TB among disease control authorities, all contribute to the difficulty in eradicating

TB. It is no wonder that new TB patients are popping up at the rate of 15,000 a year. With 150,000 afflicted persons island-wide, reducing the incidence of new cases is a more realistic goal, rather than lofty goals aiming at reducing in half those infected with TB. END COMMENT
YOUNG